# REQUEST FOR LANDFILL DISPOSAL

Name/Company: _____

Phone Number: _____

Email Address: _____

Postal Address: _____

_____

Date of Disposal: _____/_____/_____

Weight/Size: _____

Items Disposed:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

RETURN COMPLETED FORMS TO:

Works & Operations
P: (03) 6471 4700
E: operations@westcoast.tas.gov.au
PO BOX 63 QUEENSTOWN TAS 7467
11 STICHT STREET QUEENSTOWN TAS 7467